

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022820

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1526

FILED MAY 27 1963

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland		c. CITY OR TOWN St Johns	
Length of stay in lb 1 mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Good Shepherd Home		d. STREET ADDRESS (If outside, give location) 8754 Susan	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last FRED WATTS			4. DATE OF DEATH Month Day Year May 9 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/1/1891	9. AGE (last birthday) 71	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal lather			10b. KIND OF BUSINESS OR INDUSTRY Const.		
11. BIRTHPLACE (City and state or country) Fredericktown Mo			12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Richard Watts			13b. MOTHER'S MAIDEN NAME do not know		
14. NAME OF HUSBAND OR WIFE Elizabeth Watts			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. [redacted]			17. INFORMANT Elizabeth Watts 8754 Susan		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia + Congestive DUE TO (b) Heart Failure due to DUE TO (c) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 3/14/63 to 5/9/63 and last saw him alive on 5/7/63 Death occurred at 12:42 PM 12:42 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Malcolm B Brewell		22b. ADDRESS 4000 Maryland	22c. DATE SIGNED 5/10/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 11 1963	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (city, town, or county) St. Louis Mo
24. FUNERAL DIRECTOR Ortmann F Home 9222 Lackland Overland Mo		25. DATE RECD. BY LOCAL REG. 5-10-63	26. REGISTRAR'S SIGNATURE J. B. Murphy

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 400X

2 4039

3 2

4 0

5 1

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9 4500

10

11

12 86-0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

9 30 To 11 45 AM Fri

Mr. M. Brewell

4660 Maryland

Fr 1-18074

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Al C. Pittman

Licensed Embalmer No. 3478

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.